

# DIASPORA BANKING ACCOUNT APPLICATION FORM

FOR OFFICIAL USE ONLY:

CUSTOMER ID: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**CLIENT DETAILS** *(Please complete in block letters and Tick appropriately)*

Title: Mr./Mrs./Dr./Ms./Prof		Name:	
ID/Passport No.:	Date of Issue:	Expiry Date:	
Nationality:		KRA Pin No.:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: .....	
Current Residential Address:			
City:		Country:	
Telephone:(+)		Email:	
Sources of Funds: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Other:			
Employer's Name or Business Name if Self employed:			
Nature of Business:		Designation/Job Title:	
Monthly Income: <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> ZAR <input type="checkbox"/> AUD <input type="checkbox"/> CAD		Amount in Figures:	
Student Details	Name of Institution:		
	Student Id No.:		Graduation Date:
Minor Details	Name of child		
	Birth Certificate/Notification number:		
Next of Kin/Alternative Contact - Name:			
Contact	Telephone:		Email:

Customer Signature: ..... Date: .....

## ACCOUNT DETAILS

Do you have an account with KCB?  YES  NO If Yes, Account Number: .....

I hereby apply for an account as follows:

Account Currency:	<input type="checkbox"/> KES <input type="checkbox"/> USD <input type="checkbox"/> BBP <input type="checkbox"/> EURO <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> HIF <input type="checkbox"/> ZAR
Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint (Complete separate Individual forms)
Account:	<input type="checkbox"/> Current <input type="checkbox"/> Transactional <input type="checkbox"/> Simba Savings <input type="checkbox"/> Student Cub

## INSTRUCTIONS TO ORDER (Tick where applicable)

<input type="checkbox"/> Debit Cards - Note: Issued to joint Accounts ONLY if "ANY TO SIGN"
Issue Debit Card (Where Applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO
Register for KCB Mobi Bank? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Primary Mobile No.:
Automatic Sending of SMS/EMAIL Alerts (Tick appropriately)

Salary    All Credits (Specify amount): .....    All Debits (Specify amount): .....

Register for KCB Internet Banking?    YES    NO

Receive Transaction Authorization Numbers (TAN) via    Email    Mobile    Mobile

Would you like us to accept your electronic instructions from provided Email of Fax    YES    NO  
 (This is mandatory for any email/fax instructions from Account holder)

FATCA - (If you live in USA)      Foreign Account Tax Compliance Act (FACTA)	YES	NO
Are you a US Resident?		
Are you a US Citizen?		
Are you holding a US Permanent Resident Card (Green Card)		
Were you born in the US?		
Have you granted Power of Attorney or Signatory authority to a person with a US address?		
Have you granted Power of Attorney or Signatory authority to a person with a US address?		
Do you have a US Residential Address?		
Do you have a correspondence, C/O or Hold Mail address in the US?		
Do you have a standing order to a US Bank Account?		
Do you have a US Telephone Number?		
Are you FATCA compliant?		

### CUSTOMER DECLARATION

- I hereby authorise the Bank to register me for the above indicated services. By signing on this form, I agree that I have read, understood and accept the General and Specific Terms and Conditions of these services provided at <https://ke.kcbgroup.com/legal/> , as may be ammended from time to time, including the authority and indemnity for Electronic Instructions provided therein, and agree to be bound by the same.
- I confirm that the information given above is true to the best of my knowledge.
- By signing on this form I request you to open an account in my/our names. I agree that I have read, understood and accepted the Term and Conditions of this account, supplied separately, and agree to be bound by them.
- I hereby authorize the Bank to disclose any information relating to the account(s) to any Credit Reference Agency, any other institution or third party as it deems necessary.

Mode of signing: (If Joint): Any/Both/All to Sign/Others - Specify: .....

Signature:       Date: .....

Signed in the presence of (Notary Public/Kenyan Embassy Stamp & Signature): .....  
 Date: .....

### FOR BANK USE ONLY

Name of Sales Staff/Agent:		Sales Code (12x):	
Staff Number:	Branch Name:	Branch DAO:	
Immediate Sales Supervisor:		Sales Code (12x):	
Name of staff making the sale referral:		Staff Number:	
Sector:	Target:	Customer Type:	Risk Class:

### CUSTOMER INFORMATION CHECKLIST

<input type="checkbox"/> Valid Identification documents obtained and verified	<input type="checkbox"/> Foreign Individual - Letter from Employee/Student ID
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<input type="checkbox"/> Customer information obtained	<input type="checkbox"/> Photographs obtained/captured and authenticated
<input type="checkbox"/> Pep Check	<input type="checkbox"/> Mandate signatures obtained (where applicable)
<input type="checkbox"/> Blacklist checked	<input type="checkbox"/> Operating Tools required indicated
<input type="checkbox"/> Financial statements	<input type="checkbox"/> Sources of Income/Funding obtained and verified
<input type="checkbox"/> KRA Pin provided	<input type="checkbox"/> FATCA information collected

Authorising Official's Signature: ..... Branch Stamp: .....  
 (And Signature Number)